



**TOWN OF LOS GATOS
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
(408) 354 -6876
www.LosGatosCA.gov/building**

ADDRESS REQUEST FORM - \$250 Per Address

**Payment, Vicinity Map and/or Floor Plan, minimum size 8 ½" x 11" or maximum size 11" x 17"
MUST be submitted with Application**

ASSESSOR'S PARCEL NUMBER (APN) – REQUIRED:

Property Owner Information Name:

Mailing Street Address:

City:

State:

Zip:

Email:

Phone:

Applicant Information: Name:

Mailing Street Address:

City:

State:

Zip:

Email:

Phone:

Signature of PROPERTY OWNER

☐ Address Confirmation ☐ Add Suite or Unit Numbers ☐ Add Address ☐ Change of Address

Current Address Is:

☐ Single Family ☐ Multi Family ☐ Medical/Dental Office ☐ Commercial Retail ☐ Commercial Office
☐ Secondary Dwelling Unit ☐ Existing Tenant ☐ New Tenant ☐ Standard Lot ☐ Corner Lot ☐ Flag Lot

Do you wish to DELETE any addresses on your parcel? ☐ Yes ☐ No

Reason for Request:

CONFIRM ADDRESS AND/OR SUITE/UNIT NUMBERS

Confirm Address:

Confirm Suite/Unit Numbers:

ADD SUITE/UNIT NUMBERS TO EXISTING ADDRESS

Existing Suite/Unit Numbers:

Requested Suite/Unit Numbers:

ADD AN ADDRESS TO EXISTING STREET

Requested Address:

CHANGE EXISTING ADDRESS

Existing Address:

Requested Address:

ADDRESS OR SUITE/UNIT NUMBERS TO BE DELETED

Address(es) to be Deleted:

Suite/Unit Number(s) to be Deleted:

See Reverse Side for Planned Development Address Application